

Minutes of the **Prescribing and Medicines Management Group** held in **The Plucknett Suite, Abbey Manor Business Centre, They Abbey, Preston Road, Yeovil, Somerset, on Wednesday, 4<sup>th</sup> June 2014.**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster
	Lynda Coles	LPC Representative
	Dr David Davies	West Somerset Representative
	Dr Steve Edgar	LMC Representative
	Shaun Green	Associate Director, Head of Medicines Management
	Matt Harvey	LPC Representative
	Dr Mike Holmes	South Somerset Representative
	Helen Kennedy	Prescribing Support Technician, Secretary
	Dr Catherine Lewis	Bridgwater Representative
	Dr James Nicholls	West Mendip Representative
	Donna Yell	Prescribing Support Technician

Apologies:	Andrew Brown	Somerset Partnership Representative
	Dr Diane Bungay	East Mendip Representative
	Catherine Henley	Locality Medicines Manager
	Dr Carol Reynolds	North Sedgemoor Representative

## **1 INTRODUCTIONS**

1.1 Matt Harvey was introduced to the group as an LPC representative who will attend meetings when Lynda Coles is unable to do so.

## **2 APOLOGIES FOR ABSENCE**

2.1 Apologies were received from Andrew Brown, Somerset Partnership Representative; Dr Diane Bungay, East Mendip Representative; Catherine Henley, Locality Medicines manager and Dr Carol Reynolds, North Sedgemoor Representative. Taunton federation are yet to elect a representative.

## **3 DECLARATIONS OF INTEREST**

3.1 Standing declarations of interest were as attachment 1.

## **4 MINUTES OF MEETING HELD ON 14<sup>th</sup> May 2014**

4.1 The minutes of the meeting held on 14<sup>th</sup> May 2014 were agreed as an accurate record.

4.2 Review of Action points

1. RIO – no Somerset Partnership representative present; this will be carried over to next month.
2. Highbridge Medical Centre – have been invited to send a representative but have not confirmed if they will. No further action to be taken at present.
3. Prescribing leads meeting – it was proposed to have the next meeting in Taunton, all agreed. There was a discussion around the possibility of webcasting or podcasting and this will remain as an action for investigation.

4. Cardiac Rehab Uptake – HK to send details to GS.
5. Fultium D3® 3,200IU – completed.
6. Fostair® 100/6 – completed.
7. Xigduo® - completed.
8. Spedra® - completed.
9. Mirvaso® - completed, awaiting response from dermatologists.
10. Drug Monitoring in Adults – website – completed.
11. Drug Monitoring in Adults – raise with LMC – completed.
12. Mental Health Discharge Letters – no Somerset Partnership representative present, to carry over to next month.
13. CHADs mini audit – completed.
14. Somerset Partnership Physical Monitoring Form – on agenda
15. YDH D&TC Tapnetadol post-op – completed.
16. YDH D&TC Humulin R U-500 – MM newsletter – completed.
17. YDH D&TC Humulin R U-500 – LPC newsletter – completed.

## **5 Matters Arising**

- 5.1 Domperidone GI restrictions – viewed the additional information around alternatives to Domperidone following the restrictions, however, this does not cover use for lactation so there is still a gap there. The information was felt to be useful and will go in the MM newsletter.
- 5.2 Tramadol Changes to controlled drugs legislation – the changes will take place next week. MPH have confirmed they will look to make it non formulary in the hospital due to the increased workload; YDH are currently waiting for the new Chief Pharmacist to take up the position, there is no information available on any action they will take. It is not possible to stop using it in primary care due to the significant current usage. There was a discussion around the use of tramadol and its place in the pain pathway, it was suggested we have a talk around the pharmacological management of pain at the next away day, all agreed.
- 5.3 SomPar Draft physical monitoring form for patients taking antipsychotics – we viewed the document; SG said it is good that Somerset Partnership is taking action to monitor the physical health of patients on antipsychotics. The shared care guideline for antipsychotics is currently being reviewed. It was noted that the form mentions both HbA1c and blood glucose measuring, this appears to be a duplication, SG will feedback to SDB.
- 5.4 Draft letter for domiciliary care agencies to communicate with GPs – we viewed the letter. It was noted that it still mentions Wyvern Health. Concerns were raised that it may be very difficult to keep care agencies informed of every change of medicines. There was a discussion around the use of blister packs but it was noted the policy refers to patients having their medicines administered from their original packaging. It was felt that the proposal is currently unworkable, but if an IT solution were developed then it could be possible. One suggestion was if the patient has the read code .8BML in their records, when a medication is added, stopped or changed a pop up would appear with a link to the relevant communication letter to inform the care agency of the change.  
GS suggested that the policy could be targeted at the very vulnerable patients identified as part of the DES.  
SG will discuss the feedback from PAMM with CH; GS and SG will produce some questions for SE to take to the LMC around taking the policy forward.  
There was a discussion around the MAR chart – who will produce this as if the

patient does not have their medicines blister packed, it will not be done by the pharmacy.

There was also a discussion around ways of informing pharmacies of changes to medicines; SG asked for federation leads to feedback what is currently happening around communicating changes of medicines to pharmacies.

## **PART 1 – ITEMS FOR DISCUSSION OR DECISION**

### **6 Formulary Applications**

- 6.1 Fluoxetine dispersible tablets (Olena®) – this is a new product and is cheaper than Fluoxetine liquid, it was agreed to add to the formulary as an option for patients with swallowing difficulties.
- 6.2 Balance Activ BV® - Lactic Acid Gel for Bacterial Vaginosis – this has been agreed at SPF as a treatment option but patients should self-care and buy over the counter for prophylaxis. All agreed to add to the formulary for treatment only.

### **7 REPORTS FROM OTHER MEETINGS**

- 7.1 Federation Feedback
- South Somerset – MH – nothing to report
  - West Somerset – DD – nothing to report
  - Central Mendip – GS – nothing to report
  - Bridgewater Bay – CL – have been discussing ways to engage practices in meeting the new prescribing budgets, Helen Spry has been very helpful in this work.
  - Taunton – no representative present
  - Chard, Crewkerne and Ilminster – TA – nothing to report
  - East Mendip – DB not present
  - West Mendip – JN – nothing to report
  - North Sedgemoor – CR not present
- 7.2 COG – nothing to report.
- 7.3 Somerset Partnership MICP – minutes viewed and noted
- 7.4 YDH D&TC – discussed last meeting
- 7.5 Weston D&TC – minutes viewed and noted
- 7.6 T&S Antimicrobial Prescribing Group – the issue around the dose for Doxycycline in cellulitis was raised and it was suggested that primary care adopt the MPH recommendation of 200mg stat followed by 100mg od – all agreed.
- 7.7 LPC Report – LC – nothing to report.

## **PART 2 – ITEMS FOR INFORMATION OR NOTING**

### **8 Current Performance**

- 8.1 Prescribing Report – SG ran through the report, there was a good underspend overall in 2013-14. The new budgets have gone out to practices this week. There was a discussion around the prescribing incentive scheme and achieving an underspend on the overall prescribing budget. GS asked again around a list of top commonly used drugs which are very expensive. GS will contact finance around processing the incentive scheme payments for 2013-14.
- 8.2 March Scorecard Federation Trend – there has been good progress on Venlafaxine but not in all practices. There were comments that plain 75mg tablets are

experiencing supply issues at present, MM team will investigate.

There also been good progress on the urinary incontinence drugs and the statin indicator will be dropped at the CCG is in an excellent position overall.

8.3 Potential Generic Savings – there is currently £59K a quarter tied up in branded prescribing. This information is currently provided to the medicines management support team, GS suggested it could also go out to prescribers with the top expensive drugs.

8.3 Safety Spread sheet – viewed and noted. SM has raised with practices who are prescribing Methotrexate 10mg as usage has been creeping up.

## **9 NICE**

9.1 Summary of guidance released May 2014 – CL raised QS62 Constipation in children and young people – there is lots of useful information for primary care.

9.2 PH 53 Overweight and Obese Adults – lifestyle weight management, there are many recommendations within this document but they depend upon which services are available locally.

9.3 TA313 Psoriatic Arthritis (active) – ustekinumab – this is quite a technical document, the most important message is that ustekinumab is not recommended for use in active psoriatic arthritis as it is less effective and more expensive than adalimumab.

## **10 Safety Items, NPSA Alerts and Signals**

10.1 May DSU – viewed and noted. There was a discussion around adrenaline pens, SG raised the recommendation to call 999 with SWAST. PAMM asked for data showing the use of adrenaline pens to see if it has increased.  
The risks and benefits of statins were discussed.

**11 BNF Changes** – viewed and noted.

## **12 Any Other Business**

12.1 SG – said Pharmacy Plus is no longer operating and asked if anyone was aware if this has caused problems in care homes, the members present said they were unaware of any problems that may have occurred. LC said that the workload for other pharmacy chains has increased as a result.

12.2 SG – raised issues with the development of PGDs for vaccines following changes to the schedules as nurses are unable to administer the vaccines without other procedures in place if a PGD is not available. The development of PGDs currently sits with Public Health England. SG is meeting with Lucy Watson to discuss this, they are pushing for PHE to develop the PGDs prior to changes to the schedule but this is not currently happening. One proposal if for the CCG to take over the development of PGDs, SG will keep PAMM updated as this develops.

12.3 HK – raised the prescribing incentive scheme, some smaller practices find that due to 56 day prescribing they can alternate between red and green throughout the year. It is proposed that for the 2014-15 scheme, the final figures are taken from the last 3 months rather than just March – all agreed. The scheme will be amended and brought back to PAMM next month.

12.4 GS – asked if anyone knows if the eligible population for the shingles vaccine is likely to be extended, no-one was aware of this. SE said that most patients will be vaccination over the years as they reach the age of 70 or 79.

12.5 GS – raised that the rebate scheme policy has not been followed correctly and that it should be a standing agenda item.



**Somerset**  
***Clinical Commissioning Group***

**14**     **Date of Next Meeting**

Wednesday 9<sup>th</sup> July 2014, Plucknett Suite, Abbey Manor Business Park, Yeovil.

**PRIMARY CARE MANAGEMENT TEAM MEETINGS  
SCHEDULE OF ACTIONS**

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
<b>ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 4<sup>th</sup> June 2014</b>			
1	RIO	Provide Demonstration for PAMM	<b>Somerset Partnership Representative When Available</b>
2	Prescribing leads meeting	Investigate possibility of webcasting or podcasting the next prescribing leads meeting	<b>Medicines Management Team 9<sup>th</sup> July 2014</b>
3	Cardiac Rehab Figures	Send to Geoff Sharp to raise with Dr Mike Gorman	<b>Helen Kennedy 9<sup>th</sup> July 2014</b>
4	Mental Health Discharge Letters	Raise concerns over possibility of differing information in care plan and cover note and provide example of care plan + cover note for PAMM	<b>Somerset Partnership Representative 9<sup>th</sup> July 2014</b>
5	Domperidone GI restrictions	Provide link to attachment 3, UKMI rapid communication in newsletter	<b>Steve Moore 9<sup>th</sup> July 2014</b>
6	Tramadol changes to CD legislation	Invite a specialist to give a talk around the pharmacological management of pain at the next prescribing leads away day	<b>Shaun Green 9<sup>th</sup> July 2014</b>
7	Draft physical monitoring form for patients taking antipsychotics	Feedback to SBD that the form mentions both HbA1c and blood glucose	<b>Shaun Green 9<sup>th</sup> July 2014</b>
8	Draft letter for domiciliary care agencies to communicate with GPs	Discuss PAMM feedback with Catherine Henley and provide questions for Steve Edgar to take to the LMC	<b>Geoff Sharp Shaun Green 9<sup>th</sup> July 2014</b>
9	Draft letter for domiciliary care agencies to communicate with GPs	Feedback what is currently happening in federations around communicating changes in medicines to community pharmacies	<b>All federation leads 9<sup>th</sup> July 2014</b>
10	Fluoxetine dispersible (Olena®)	Add to formulary as an option for patients with swallowing difficulties	<b>Steve Moore 9<sup>th</sup> July 2014</b>
11	Balance Activ BV	Add to formulary for treatment only, patients should buy over the counter for prophylaxis	<b>Steve Moore 9<sup>th</sup> July 2014</b>
12	T&S AMPG	Doxycycline in cellulitis – change cellulitis pathway and infection management guidelines to MPH recommended dose of 200mg stat followed by 100mg 1od	<b>Geoff Sharp Ana Alves 9<sup>th</sup> July 2014</b>
13	Top commonly used expensive drugs	Produce a list of the top commonly used drugs which are expensive, with possibly alternatives, send the potential generic savings data to practices with this.	<b>MM team 9<sup>th</sup> July 2014</b>

<b>14</b>	2013-14 incentive scheme	Contact finance around processing payments for 2013-14 prescribing incentive scheme	<b>Geoff Sharp 9<sup>th</sup> July 2014</b>
<b>15</b>	Venlafaxine plain 75mg	Investigate reports of supply issues with plain 75mg tablets	<b>MM team 9<sup>th</sup> July 2014</b>
<b>16</b>	May DSU Adrenaline pens	Provide figures to PAMM to show if usage has increased	<b>MM team 9<sup>th</sup> July 2014</b>
<b>17</b>	Prescribing Incentive Scheme 2014-15	Amend to reflect agreement to use final 3 months data	<b>Shaun Green 9<sup>th</sup> July 2014</b>